## **Change of Address Form**

This form is for moves/address changes within the District only.

Any time there is an address change the State requires the District to collect two forms of proof of residency. Please submit these forms at the time the request is made. The acceptable proofs are listed below.

STUDENT'S LAST NAME	FIRST NAME		MIDDLE NAME			SEXF		
DATE OF BIRTH CITY/STATE OF BIR			H CURRENT GRADE LEVEL			CURRENT GRADE LEVEL		
MAILING ADDRESS APT. NO			HOME PHONE					
STREET ADDRESS (IF DIFFERENT FROM ABOVE) CITY			STATE/ZIP CO		ATE/ZIP CODE			
DIDECTIONS TO VOUE HOME FROM TH	- COLLOG!					agueu.		
DIRECTIONS TO YOUR HOME FROM THE SCHOOL				TOWNSHIP OR BOROUGH				
STUDENT LIVES WITH: BO	OTH PARENT	S MOTHER	R ONLY	FATHER	ONLY			
	OTUES /5							
<del></del>	OTHER (RE	elationship)						
PARENT/GUARDIAN (FATHER)				RELATIONSHIP				
ADDRESS IS DISSESSED TO THAN STUDENT	F1.C		Laugus					
ADDRESS IF DIFFERENT THAN STUDENT	PHONE NUMBER IF DIFFERENT THAN STUDENT'S							
			HOME:					
			CELL: EMAIL:					
PARENT/GUARDIAN (MOTHER)				RELATIONSHIP				
ADDRESS IF DIFFERENT THAN STUDENT'S				PHONE NUMBER IF DIFFERENT THAN STUDENT'S HOME:				
				CELL:				
			EMAIL:					
Cianatrus				Data				
Signature				Date				
For Office Use Only								
For Office Use Only								
Proof of Residency:	esidency: Lease/Rental agree				reement Current Utility Bill			
			stmt/home ownership title Driver's License					
(Circle forms submitted)		Current pay stub/welfare staten				Current Bank Statement		
,		Current Inco						
		Military leave & earnings statement						
Student ID	Build	ing			Bus #	Stop #		